

# **Montana Immunization Program Newsletter**

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### In this Edition:

Interface 101
2017 Immunization Schedules
Immunization Webinars
Vaccines In Practice
VFC Corner
Immunization Provider Education Series
2017 Immunization Regional Workshops
2017 Supplement for the Pink Book
Monthly VPD Report



## Connecting to imMTrax: Interface 101

imMTrax has the ability to receive data directly from an EHR system. This is referred to as an interface.

Our process is simple, but it takes time to develop an interface that is beneficial to both the clinic sending the data and imMTrax.

First, a site/organization submits their interest to create an interface. Often this is done by registering their intent on our Public Health Meaningful Use registration page (we will provide more on Meaningful Use in future newsletters). This places them in a waiting queue, where we rank according to priority status.

Once they receive an invitation to onboard, we go through a process of connecting, testing, and reviewing the data sent. Results of this process may result in the need for work flow changes in the practice to ensure

complete and accurate data. It takes time to make sure the messages received meet our quality requirements.

Once testing is complete, we then move the interface to "live" and the data flows directly into imMTrax. This means no more double entry to two systems. We are currently investigating possibilities for future interface functionality, including automatic decrementing of the imMTrax vaccine inventory and the ability to query imMTrax for patient vaccine histories and forecast. We hope to be able to provide more information in future communications.

We currently have 34 live interfaces, which encompasses 9 hospitals and 108 clinics.

Our interface team consists of:

Deb Belleau, Interface Coordinator, <a href="mailto:dbelleau@mt.gov">dbelleau@mt.gov</a>

Amanda Diehl, Public Health Consultant, <a href="mailto:adiehl@mt.gov">adiehl@mt.gov</a>
Lisa Rasmussen, imMTrax Manager, <a href="mailto:lisarasmussen@mt.gov">lisarasmussen@mt.gov</a>

Please feel free to contact any one of us if you have any questions.

## **2017 Immunization Schedules Now Available**

CDC has posted the 2017 child/adolescent and adult immunization schedules. Each year, the Advisory Committee on Immunization Practices (ACIP) develops these recommendations for routine use of vaccines in children, adolescents, and adults. Click to view the updated schedules for <a href="children">child and adolescent immunization</a> <a href="schedule">schedule</a> and the <a href="adult immunization schedule">adult immunization schedule</a>.

Laminated copies can be ordered from the Immunization Action Coalition's website: <a href="http://www.immunize.org/shop/laminated-schedules.asp">http://www.immunize.org/shop/laminated-schedules.asp</a>.

# **Check out these immunization webinars!**

Are you looking for additional educational opportunities for yourself or your staff? The list below has upcoming and archived webinars that are available to providers. These webinars are hosted by national organizations and many of them offer continuing education credit. There is no cost to view these webinars or receive continuing education credit.

Webinar Title	Date and Time	Presenter	More Information
Current Issues In /accines- with CE	Wednesday, March 22 at 10:00am MST	Paul Offit, MD, Director, Vaccine Education Center at CHOP	http://www.chop.edu/centers-programs/vaccine- update/vaccine-webinar-series

Current Issues in Immunizations NetConference	Wednesday, March 29 at TBD time	National Center for Immunization and Respiratory Diseases, CDC	https://www.cdc.gov/vaccines/ed/ciinc/index.html
Pink Book Webinar Series- with CE	Recorded webinars	National Center for Immunization and Respiratory Diseases, CDC	https://www.cdc.gov/vaccines/ed/webinar-epv/

## **Vaccines In Practice**

#### Infants Born to HBV-infected Women and PVST Panels

CDC recommends **action steps for laboratories** to create a post-vaccination serologic testing (PVST) panel for infants born to hepatitis B-infected women. This panel assists providers in ordering recommended PVST, reduces the need for additional blood draws, reduces unnecessary testing, and facilitates identification of infants with HBV infection or an inadequate immune response to the hepatitis B vaccine series. For additional information see <a href="https://www.cdc.gov/hepatitis/hbv/pdfs/cdcmemo-pvstpanel.pdf">https://www.cdc.gov/hepatitis/hbv/pdfs/cdcmemo-pvstpanel.pdf</a>

Public health, hospitals, and medical clinics all have a role in perinatal hepatitis B prevention. Infants born to hepatitis B-infected mothers should receive the hepatitis B vaccine birth dose and hepatitis B immune globulin (HBIG) within 12 hours of birth. Local county health departments support infants with case management to ensure the timely completion of the hepatitis B vaccination series and PVST. CDC recommends these infants receive PVST at age 9-12 months or 1–2 months after the final dose of the vaccine series if the series is delayed. PVST is typically done by the medical provider and includes testing for:

- Hepatitis B surface Antigen (HBsAg)
- Hepatitis B surface Antibody (anti-HBs) including quantitative/titer

The **HBsAg** test indicates if the infant is infected (reactive/positive) or is not infected (non-reactive/ negative) with the hepatitis B virus.

The **anti-HBs** test indicates if the infant has developed an antibody response to the surface antigen (positive) or has not developed an antibody response (negative). The **quantitative test (titer)** indicates if the response is high enough to provide a protective level. This number may vary in range depending on the laboratory performing the test. If the number is too low the infant may need revaccination.

Hepatitis B PVST is complex with multiple tests and panels available. Common mistakes include (1) ordering an HBsAg test or an anti-HBs test, but not both, or (2) ordering a hepatitis panel that contains non-recommended tests and no anti-HBs test.

For more information go to (https://www.cdc.gov/hepatitis/hbv/pvst.htm)

Questions? Contact Susan Reeser, Nurse Consultant, sreeser@mt.gov or (406) 444-5580.



### **VFC Corner**

#### **Monthly VFC Hot Topics Webinars**

When: Every other month, last Tuesday and Thursday of the month.

**Updated Hot Topics Schedule** 

**Archived Presentations** 

Month	Topic
February	Data LoggersTrouble Shooting and The Basics

Tuesday February 21 <sup>st</sup> 12:00pm	Meeting Password: montana <a href="https://hhsmt.webex.com/hhsmt/j.php?MTID=m316921accc0277ce07408afc710e787d">https://hhsmt.webex.com/hhsmt/j.php?MTID=m316921accc0277ce07408afc710e787d</a> Audio Access code: 801 685 388
Thursday February 23 <sup>rd</sup> 7:00am	Meeting Password: montana <a href="https://hhsmt.webex.com/hhsmt/j.php?MTID=mbe512bd078c48f8c8a9dfdecbc9d1bd2">https://hhsmt.webex.com/hhsmt/j.php?MTID=mbe512bd078c48f8c8a9dfdecbc9d1bd2</a> Audio Access code: 801 773 470
Thursday February 23 <sup>rd</sup> 8:00am	Meeting Password: montana <a href="https://hhsmt.webex.com/hhsmt/j.php?MTID=m73e17754a8f49cdd0b72098586e79d2a">https://hhsmt.webex.com/hhsmt/j.php?MTID=m73e17754a8f49cdd0b72098586e79d2a</a> Audio Access code: 805 129 880

Please help us develop our VFC Hot Topics webinars! If there is a subject you would like us to cover, please send to <a href="mailto:hhsiz@mt.gov">hhsiz@mt.gov</a>.

## **VFC Reminders**

#### **Wasted and Expired Form Reminders**

Please remember to submit a Wasted and Expired Form anytime a VFC vaccine has been involved in a wasted incident or has expired. Things to remember about the form are any opened multi-dose vials (MDV) goes under the "wasted vaccine" portion of the form. Any vaccine that is expired or been involved in a temperature excursion that can be returned goes under the "expired or spoiled vaccine" portion of the form. If you need a copy of the form updated 06/04/2015, please click the

link: <a href="http://dphhs.mt.gov/Portals/85/publichealth/documents/lmmunization/2016/2016-1/205\_3Wasted-Expired%20Return%20Form\_distributed.pdf">http://dphhs.mt.gov/Portals/85/publichealth/documents/lmmunization/2016/2016-1/205\_3Wasted-Expired%20Return%20Form\_distributed.pdf</a>.

#### **Data Logger Exemptions**

The Immunization Program is now encouraging facilities with their own VFC-compliant thermometers to apply for an exemption from using our State-supplied data loggers in their public vaccine storage units. For more information on the requirements and how to apply, contact Lori Hutchinson at <a href="mailto:lhutchinson@mt.gov">lhutchinson@mt.gov</a> or 444-0277.



### **2017 Immunization Provider Education Series**

Mark your calendars for the 2017 webinar sessions!

#### **Strategies to Communicate with Vaccine Hesitant Parents**

Wednesday, March 8, 2017 at 12:00pm (Mountain Time)
Presented by JoEllen Wolicki, BSN, RN Nurse Educator from CDC

JoEllen Wolicki, BSN, RN from CDC will present on parents' most common vaccine concerns, best practice strategies to communicate with vaccine hesitant parents and resources for clinical staff and parents.

#### **Adolescent Immunizations**

Wednesday, May 10, 2017 at 12:00pm (Mountain Time)
Presented by Amy Middleman, MD, MPH, MSEd Chief of Oklahoma University Adolescent Medicine

#### **Healthcare Provider Vaccination**

Wednesday, September 13, 2017 at 12:00pm (Mountain Time)
Presented by Sue Sebazco, RN, MBA, CIC, Infection Prevention Director for Texas Health Arlington Memorial
Hospital

This continuing nursing education activity was approved by the Montana Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

1.25 nursing contact hours for each webinar session.

Click HERE for webinar login information and additional details about the webinar series.

### **Archived Immunization Provider Education Series**

The following webinar sessions are available to view one year from the date of the original presentation. The sessions are available on the MMA website at no cost. Nursing staff can receive 1.25 nursing contact hours for each season.

- 1. Immunizations: Building Trust During the Time of Twitter presented by Dr. Swanson from Seattle Children's Hospital- Available until 06/10/2017
- Prevention of Influenza in High-Risk Groups: What Are the Vaccine Options and Strategies? presented by Dr. Poland from Mayo Clinic- Available until 09/23/2017
- 3. HPV Immunization: Separating the Myths from Reality presented by Dr. Erin Stevens from Billings Clinic-Available until 11/21/2017

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4. Applying Principles of Vaccination to Vaccine Administration Best Practices presented by Donna Weaver,

Directions to access these webinar sessions can be found HERE.

Questions? Contact the Immunization Program at (406) 444-5580 or <a href="mailto:hhsiz@mt.gov">hhsiz@mt.gov</a>.

### 2017 Regional Workshops

Agenda and registration information will be available the week of February 20th.

- Great Falls- Wednesday, April 5: Hampton Inn
- Missoula- Tuesday, April 18: Holiday Inn Missoula Downtown
- Butte/Fairmont- Wednesday, April 19: Fairmont Hot Springs
- Miles City- Wednesday April 26: Sleep Inn and Suites
- **Billings-** Thursday, April 27: Red Lion Hotel and Convention Center (Formerly known as the Billings Hotel and Convention Center)

### 2017 Supplement for the Pink Book



CDC has published a 2017 supplement to the 13<sup>th</sup> edition of the *Epidemiology and Prevention of Vaccine-Preventable Diseases* or "Pink Book". The supplement reflects the latest Advisory Committee on Immunization Practices (ACIP) recommendations since the last publication of the Pink Book in 2015. This 12-page supplement is a resource intended for clinical staff, administering and scheduling vaccines.

The supplement includes immunization information on:

- Chapter 11: Human Papillomavirus
- Chapter 14: Meningococcal Disease
- Chapter 17: Pneumococcal Disease

The Montana Immunization Program mailed one copy of the supplement to each VFC-enrolled clinic on February 1st.

## Monthly Vaccine-Preventable Disease Report

Table 1. Select Vaccine-Preventable Disease Counts by Jurisdiction of Residence- January 2017 and 2017 Year to Date.

2017 and 2017 Tear to Date.				
Select Vaccine Preventable Disease Case Counts by Jurisdiction of Residence, 2017 Jurisdiction	Haemophilus influenzae, invasive	Streptococcus pneumoniae, invasive	Varicella (Chickenpox)	
BIG HORN/CROW	1	-	_	
CARTER	-	1	_	
CASCADE	-	1	_	
FLATHEAD	-	1	1	
GALLATIN	_	_	1	
GLACIER	1	-	-	
LEWIS AND CLARK	-	-	1	
ROOSEVELT/FT. PECK	-	-	1	
YELLOWSTONE	-	3	_	
Grand Total	2	6	4	

Influenza was the most commonly reported illness during the month of January as activity increased dramatically across the state. In addition, sporadic cases of chickenpox in children were reported from Flathead, Gallatin, Lewis and Clark, and Roosevelt counties. Two *Haemophilus influenzae* cases were identified in elderly individuals; neither were type B. Both specimens were sent for additional typing and were categorized as 'nontypeable'.

Table 2. Influenza Cases, Hospitalizations and Deaths

	Cases	Hospitalizations	Deaths	
2016-2017 Season*	3318	369		6

<sup>\*</sup>October 2, 2016- October 25, 2017

#### 2016-2017 Influenza Season Update

Influenza activity increased across the state during January, with 3318 cases and 369 hospitalizations reported as of January 28. Of those hospitalized for influenza, the majority were aged 65 years and older. CDC has stated that to date this season, the predominant strain of influenza circulating in the U.S. (as well as Montana) is Influenza A H3N2. This strain is a good match to the 2016-17 influenza vaccine.

Data retrieved from DPHHS. Questions? Contact CDEpi at (406) 444-0273.